PATENT APPLIATION FEE DETERMINATION REC

Application or Docket Number

10/500397

ł		CLAIMS											
(Column 1) (Column 2)								SMALL E	YTITM	OR		R THAN ENTITY	
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE	
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE	1	OR	 	950	
то	TOTAL CHARGEABLE CLAIMS // minus 20							X\$9=		OR	X \$ 18 =	100	
INDEPENDENT CLAIMS				minus 3 =		1		X \$ 44 =	 	OR	X \$ 88 €	200	
MULTIPLE DEPENDENT CLAIM PRESENT -								+ \$ 150 =	<u> </u>	OR	+ \$ 300 =	200	
f the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	· ·	OR	TOTAL	120	
CLAIMS AS AMENDED - PART II.											THAN		
<u>2(</u>	-28-04		(Cotu	nn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL			
AMENDMENT À		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TICHAL FEE	
	Total	1:13	Minus	-20)	- 0	ſ	X\$9=		OR	X \$ 18 =/	/	
	Independent	• 4	Minus	· - 4	4	- ()		X\$44=		OR	X \$ 88 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		Ţ	+ \$ 150 =		OR	+ \$/300 =		
			_	TOTAL ADDIT. FEE		OR	/TOTAL						
	, , , , , , , , , , , , , , , , , , , ,	(Column 1)		(Colun		(Column 3)		THE STATE OF		CORPORT COUNTY	THE COLUMN TWO IS NOT THE OWNER.		
AMENDMENT B		REMARKING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=	ſ	X\$9=		OR	X \$ 18 =		
	independent .	•	Minus	***		=		X \$ 44 =		OR	X \$ 88 =		
	FIRST PRESENTATION OF MULTIPLE (PENDENT	CLAIM		Ī	\$ 150 =		OR	+\$300=		
			TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE							
_		(Column 1)		(Colum		(Column 3)							
욹	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total ·	•	Minus	••		8	Γ	X\$9=		OR	X \$ 18 =		
	independent	•	Minus	***		=	7	< \$ 44 =		OR	X \$ 88 =	-:	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	\$ 150 =		OR	+ \$ 300 =		
•••	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
			~ ~~ (1000 OF)		is the hi	ynest nutiber foun	o in the	e appropriate	box in coturn	1.			
RIM I	PTO-875 (Rev. 11/	2004)						Deland and Ton-			· • • • • • • • • • • • • • • • • • • •	2011111111	